



Client No. 2036	Client Name D.H. Metals	Location 1002 Oswego St Utica	Date 4/21/87									
Facility Equipment 14	Detect Clock 14	Weapon No. —	Holster —	Nightstick —	Raincoat 24	Flashlight 14	Other Gate, Trailer Keys, Phone					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Off. K. Felix		Officer—Swing Shift (Name) Off. DelVecchio		Officer—Grave Shift (Name) Off. Koborski						
Shift Began 8 AM Ended 5 PM		Shift Began 4 AM Ended 12 PM		Shift Began 12 AM Ended 8 AM								
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	AS REQUIRED		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LIGHTS OUT 6:09AM			
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Remarks I Called office - they said they will bring chair over in the morn. Wed 4/22												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Swing Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Grave Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No
Signatures	1	Kenneth Felix			1	Off. Del Vecchio			Off. Koborski			
Signatures	2				2							
Signatures	3				3							

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